

Miami-Dade County
Building Department
Stephen P. Clark Center
111 Northwest First Street, Suite 1010
Miami, Florida 33128
(305) 375-2500

**REQUEST TO EXPEDITE PLAN REVIEW
AFFIDAVIT OF COMPLIANCE**

Name _____ Date _____
Title _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number (1) _____ Telephone Number (2) _____

PROCESS NUMBER _____
PROJECT NAME _____
PROPERTY ADDRESS _____

On behalf of _____ the undersigned hereby requests an
Name of Business Owner
expedited plan review in accordance with Miami-Dade County Ordinance 99-140, Section 8-6 (g) and swears
or affirms under oath the above referenced project complies with the following:

The above project is for industrial and/or commercial use and occupancy (no residential projects).

2. The project creates more than 50 new jobs in Miami-Dade County
3. The project includes other inducements such as (check all that apply):
 - ☐ Qualified Target Industry Tax Refund (QTI) – *grant to cover training costs including curriculum development, materials and instructor wages.*
 - ☐ Quick Response Training (QRT) – *tax refund of up to \$5,000 per each new job created.*
 - ☐ Employee Training Programs
 - ☐ Enterprise Zone Programs – *federal initiative to create economic opportunity and rebuild poverty stricken communities in America.*
 - ☐ WAGES – *Work and Gain Economic Self-Sufficiency program, a statewide reform initiative that incorporates a "work first" approach.*
4. The project is (check all that apply below) and is currently evaluating the following other locations/sites outside Miami-Dade County.
 - ☐ Expansion Project
 - ☐ Retention Project

5. The project has seasonal consideration and contractual obligations that require project to be operational by a specific date.

Signature

Print Name

Title

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

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SS:

SWORN TO AND SUBSCRIBED

Before me this _____ day of _____, 20.

By _____

SEAL **)**

PRINT, TYPE OR STAMP NAME OF NOTARY

Personally Known

or Produced Identification

Type of Identification Produced

Accepted By Building Department:

Section Supervisor Signature

Print Name